For Office Use Only	\$270

Application for Chiropractic Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT	Instructions are found on page 3	
1Last Name	2First Name and Middle Name	
3		
·	5	
4City, State, Zip Code	E-Mail Address	
6 7 7	Date of Birth Social Security Number*	
9. Male Female 10. If any of your documental	tion is in a name other than your current name, list the previous names of record.	
xplanation providing the details of the incident, (2) attach a ecommendations, and (3) attach a copy of all official court do	"Yes" to question #11 – #16 below, (1) attach a signed letter a copy of any court ordered evaluations, showing completion as ecuments regarding your conviction/malpractice suit, including fin when a conviction or judgment has been deferred or expunged from	
11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime Other than minor traffic violations with fines under \$500)?		
2. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?		
3. Been investigated by a licensing, registration, or certification egistration, or certification authority or organization institute rofessional practice? (If the investigation or action was inst NO" to this question).	disciplinary action against you related to your	
4. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization elated to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).		
5. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)		
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)		
Type of Application:		
17. Examination (new graduate) Endorse	ment (previously licensed in another state)	

Date Issued:

For Office Use License #:

Education: Name of professional educational institution Degree date 19. Have you passed the NBCE examinations? Yes ☐ No 20. Are you or have you ever been licensed, certified or registered in another state? ☐ Yes \square No If yes, list the two letter postal codes of the state(s) below. 21. Endorsement applicants only: Have you practiced as a licensed chiropractor for a minimum of one year during the immediately preceding two-year period? (Note – see application check list below) Yes \square No I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed. I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

- 2 -

Applicant must sign here in ink

Revised 5/15/2012

Date

<u>APPLICANT CHECKLIST AND INSTRUCTIONS</u>: Print in ink or type. Supporting documents and fees are required for an application to be considered complete.

Licensure by Examination: ☐ The non-refundable licensure fee is \$270. Make check or money order payable to the Iowa Board of Chiropractic. ☐ Official copies of academic transcripts from a board-approved chiropractic school accredited by the CCE. ☐ Copy of diploma (no larger than 8 ½" x 11"). ☐ NBCE examination scores (Parts I, II, III, IV and Physiotherapy) sent directly from NBCE to the Chiropractic Board office.	Licensure by Endorsement: ☐ The non-refundable licensure fee is \$270. Make check or money order payable to the Iowa Board of Chiropractic. ☐ Official copies of academic transcripts from a board-approved chiropractic school accredited by the CCE. ☐ Notarized copy of diploma (no larger than 8 ½" x 11"). ☐ NBCE examination scores (Parts I, II, III, IV and Physiotherapy) sent directly from NBCE to the Chiropractic Board office. ☐ Applicants who hold or have held a chiropractic license in any other state or country must submit an official verification of licensure status from each state or country in which licensure was held. Verification must be sent directly to the Iowa board office from that state's licensing board office. Applicants must provide evidence of one of the following requirements: ☐ Completion of 60 hours of continuing education, which meets Iowa specific criteria, during the immediately preceding two-year period; or ☐ Practice as a licensed chiropractic physician for a minimum of one year during the immediately preceding two-year period; (Note — see question 21) or ☐ The equivalent of one year as a full-time faculty member teaching chiropractic in an accredited chiropractic college for at least one of the immediately preceding two years; or ☐ Graduation from a board-approved chiropractic college within the immediately preceding two years; or
	immediately preceding two-year period; (Note – see question 21) or The equivalent of one year as a full-time faculty member teaching chiropractic in an accredited chiropractic college for at least one of the immediately preceding two years; or
	If you do not meet the requirements stated above you must complete: 60 hours of board-approved continuing education and verification of passing the Special Purpose Examination for Chiropractic (SPEC) within one year prior to submission of this application.

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov.

Online license verification

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

- 1. Go to www.licensediniowa.gov
- 2. Select "License Search".
- 3. Insert the licensee's name or license number.
- 4. Select the profession from the dropdown list. "Chiropractic"
- 5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. **Mail the original completed application bearing signature in ink to:**

Iowa Board of Chiropractic Lucas State Office Bldg., 5th Floor 321 E. 12th Street Des Moines, Iowa 50319-0075

www.idph.state.ia.us/licensure

- 3 - Revised 5/15/2012